

Appendix G:

**Additional Plan Development Task Team
Recommendations**

Section III. Other Plan Development Task Team Recommendations

I. ECONOMIC SECURITY, WORK, CIVIC INVOLVEMENT

Based on CPRC, AARP, and individual team and staff contributions

ECONOMIC SECURITY

Recommendation	Priority A-B-C	Timeframe S-M-L	Sector *
A. Financial Management Tools			
1. Develop a Literacy program that: ¹	B	Medium	Fndn, NP, PA
a) Has a close linkage to basic literacy skills.	B	Medium	Fndn, NP, PA
b) Is based on clear and focused learning objectives and standards.	B	Medium	Fndn, NP, PA
c) Emphasizes demystifying financial products and services.	B	Medium	Fndn, NP, PA
d) Engages people to learn when they are most receptive, that is, when they are: near key life stage events, and approaching the time for making a choice/selection of a financial service or product.	B	Medium	Fndn, NP, PA
e) Uses traditionally respected sources of Information as the source or sponsor of the program.	B	Medium	Fndn, NP, PA
f) Provides affordable and ready access to a choice of programs and services.	B	Medium	Fndn, NP, PA
g) Includes or uses a navigation reference strategy for making this information known and current.	B	Medium	Fndn, NP, PA
h) Financial Management programs should be offered at the workplace and through the California Community College Adult Education System.	B	Medium	Bus, CC
i) Incorporate a section on Gerontology into the Certification Program for Financial Planners.	B	Medium	NP, PA, HEd
B. Insurance: Health, Supplemental, Long Term Care			
1. Maintain the current level of health care insurance coverage within the state, while working to extend coverage to those who are still uninsured.	B+	Medium	SG, BUS
2. Proved state tax incentives, e.g., deductions and credits, to encourage the purchase of qualifying long-term care insurance policies.	C	Long	SG
3. The State should consider offering an employee-paid long-term care insurance product similar to that being developed by the State of Minnesota.	B+	Short	SG
4. To determine the adequacy of long-term care insurance available to Californians, request that the Department of Insurance collect data to evaluate the	B	Long	SG

¹ Congressional testimony of Tess Canja, AARP President, regarding the "Status of Financial Literacy and Education in America," February 6, 2002, Washington, D.C.

Section III. Other Plan Development Task Team Recommendations

Recommendation	Priority A-B-C	Timeframe S-M-L	Sector *
coverage adequacy, financial viability, and payment of benefits, advantages / disadvantages, and risk.			
a) State Public Employees' Retirement System (PERS) model should enlighten long-term care practice by charging the same premium for community-based benefit policies as nursing home benefit policies.	B+	Short	SG
C. Pension/Income Protection			
1. Maintain SSP Payment Levels. State of California should maintain SSP benefits at 2001-02 levels plus predetermined subsequent cost of living adjustments (COLA) so that older participants receive sufficient income to close the poverty gap. Efforts should also be taken to expand enrollment in the program so more older adults would receive cash assistance. ²	B+	Short	SG
a) Create legislation that would require employers to give vested employees over 40 years of age with 10 years or more service the option of retaining the former traditional plan vs. participating in a cash option plan.	B+	Short	SG
b) Restructure defined contribution plans, which allow employees to make their own investment decisions, to guarantee a minimum portion at retirement.	B+	Short	SG. All Employers
c) Work with the State Treasurer and state employee pension plans like PERS to model best practices in plan conversions, such as transition protection for older workers.	B	Medium	SG
d) Develop an educational tool to teach older workers how to determine if they are receiving smaller pensions than promised under their traditional defined benefit.	B	Medium	NP, Advocates
2. Develop state laws that encourage accounting practices that permit employees to easily determine their correct future and present account balances.	B	Medium	SG
a) Require employers to provide each affected individual with a personalized benefits statement that discloses a comparison of the benefits under the old plan with the benefits under the new plan formula.	B	Medium	SG
b) Such information must be shown in a comparable form (e.g., life annuity compared with life annuity) and provided prior to the effective date of any plan Change	B	Medium	SG

² Working Paper – Kathleen McGarry and Brian Kaskie, "The Economic Well-Being of Older Californians," California Policy Research Center (CPRC), 2001 p.11

Section III. Other Plan Development Task Team Recommendations

Recommendation	Priority A-B-C	Timeframe S-M-L	Sector *
D. Asset Protection			
1. Means Tested Non-Cash Benefits	C	Long	SG
a) The state should provide and expand means tested non-cash benefits as a way to protect the financial well being of older adults. Examples include: education, health, housing, and other benefits, the better off older adults will be.	C	Long	SG

WORK, JOBS

A. Provide Job Training and Supports for Job Seekers			
1. Provide incentives for business to train or retrain older workers through the use of tax credits to offset the cost of training.	B+	Short	SG, BUS
2. Conduct community employment opportunity assessments in cooperation with the community's employer base or Chamber of Commerce to ensure that training opportunities match employer's needs.	B	Medium	SG, NP
3. Maintain/implement reentry programs for older adults to assist them in developing a career plan and finding the appropriate courses to take.	B	Medium	SG, CC
4. Adult Education including adult occupational training requires continued funding support to be affordable and easy to access. Programs should include culturally appropriate outreach activities.	B	Medium	SG, CC
5. Individual career counseling where the employee explores his or her values, skills and interests and the potential for a match with company positions.	B	Medium	SG, CC
6. Creation of an individual development plan; ongoing training in a variety of areas such as communication, computer software, management and supervision and technical skills	B	Medium	SG, CC
7. Tuition reimbursement plans	B	Medium	SG, CC
8. In-depth orientation programs that inform employees about opportunities in all aspects of the organization	B	Medium	SG, CC
B. Jobs			
1. Hiring and Retention			
a) Incentive to Hire:	B	Short / Medium	SG
1) Create an Earned Income Tax Credit in the state tax code to reward businesses for hiring persons over age 50, in effect reducing the cost of hiring such persons compared to those who are younger. ³	B	Short / Medium	SG

³ McGarry, Kaskie, CPRC, p.11

Section III. Other Plan Development Task Team Recommendations

Recommendation	Priority A-B-C	Timeframe S-M-L	Sector *
2. Phased Retirement			
a) Employers develop phased retirement options to allow employees near retirement age to make a gradual transition to full retirement. To provide incentives for employees to do this, employers should maintain health benefits through transition.	B	Medium	BUS

CIVIC INVOLVEMENT AND LIFE ENRICHMENT

A. Volunteerism			
1. To promote civic engagement throughout life, develop and implement a statewide public awareness plan that conveys messages and images that volunteerism is a desirable, valuable, beneficial and rewarding activity, specifically targeting older demographics.	B	Short	SG, NPO, CBO
a) The Governor's Office on Service and Volunteerism develops a service corps aimed at attracting and mobilizing older adults on behalf of communities.	B	Medium	SG
2. Create a central data bank whereby retired adults and active participants in volunteer activities can "bank" credits for hours contributed. Those in need can cash-in accumulated credits for support services from other volunteers.	B	Medium	SG, CBO
a) Requires lesson plans in K-12 that promote volunteerism and show how volunteerism/civic involvement is a cornerstone of democracy and has been throughout the history of the nation.	B+	Short	SG
b) Enables higher ed/community college students to earn credits for volunteering and related fieldwork.	B+	Short	HEd, CC
B. Foster Grandparent Program			
1. Restore funding to the intergenerational Foster Grandparent Program that provides person-to-person support to children and youth with special and exceptional needs and provides a small stipend to the volunteer.	B+	Short	SG
C. Neighborhood Watch			
1. Encourage community-based neighborhood watch programs targeting older adults who are "aging in place."	B	Short	CBO, LG

Section III. Other Plan Development Task Team Recommendations

II. TRANSPORTATION

Based on Commission on Aging, CPRC, Coordinated Leadership Conference,
and individual team member contributions

TRANSPORTATION SERVICES

Recommendation	Priority A-B-C	Timeframe S-M-L	Sector *
A. Create Link with Supplemental Transportation Programs			
1. The Mobility Management Centers and California Mobility Council, working together with public transit agencies and supplemental transportation programs, will:	B	Medium	All Sectors, (plus consolidated transportation service agencies)
a) Increase mobility – provide transportation to persons who voluntarily want to reduce their personal driving or who are unable to travel independently.	B	Medium	All Sectors, (plus consolidated transportation service agencies)
b) Increase productivity and efficiency – match the travel need with the service.	B	Medium	All Sectors, (plus consolidated transportation service agencies)
c) Reduce operating costs – minimize the need for costly paratransit	B	Medium	All Sectors, (plus consolidated transportation service agencies)
d) Generate new revenues – increasing ridership will increase fares and revenues.	B	Medium	All Sectors, (plus consolidated transportation service agencies)
e) Improve service quality – more on-time Services	B	Medium	All Sectors, (plus consolidated transportation service agencies)
1. B. Increase State and Local Capital and Operating Funds to Meet Transit Needs Identified by Mobility Management Centers			
2. Funding must be increased to support these additional activities. Existing sources can be increased such as removing any limit to county taxes, as in AB 1065 (Longville). If this legislation passes and were to be implemented in all counties, statewide funding could be increased by \$1.1 billion annually. Alternatively, new sources could be developed	B	Medium	SG

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Section III. Other Plan Development Task Team Recommendations

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through other fees or taxes.			
3. Provide Incentives for Technological Improvements			
4. Tax credits for production of and/or modification of senior-friendly automobiles including, but not limited to night vision windshields, restraints systems and interiors compatible with the physical characteristics of older drivers and passengers, and collision avoidance technology.	B	Long	SG, Fed
5. Tax credits for purchase of alternatively fueled 6. vehicles	B	Medium	SG, Fed, Fndn
7. Financing for technological improvements to 8. transit vehicles, including but not limited to, in-vehicle mobile data computers, automatic vehicle locator systems, smart-card/contactless card faring, interactive voice response technologies, passenger information systems (NextBus systems), collision avoidance systems, and navigation systems.	B	Medium	LG, SG, RG, Fndn
9. Technologies that can reduce need for 10. seniors and persons with disabilities to travel, such as health monitoring systems.	B	Medium	Bus, NP, HEd, Fndn
11. C. Advocate Federal Transportation Policy Changes			
12. Advocate national policy changes through the National Associations of Governors and the National Association of State Legislators. (Non-profit and advocacy groups should also advocate.)	B	Medium	SG, NP
13. Substantially increase appropriations for the following programs at a minimum:			
14. Block grants that provide vital transportation services to the older population. These include the Community services Block Grant program, and the Community Mental Health Services Act. Efforts to increase authorized levels and annual appropriations need to be continuous.	B	Medium	NP, SG All have secondary role
15. D. Prevent Isolation in Rural Areas			
16. Pursue regulatory amendments to add flexibility to Transportation Development Act (TDA) farebox recovery requirements for transit in rural areas to encourage innovative services and services provided in cooperation with human service providers.	B	Medium	SG, LG RG, CBO
17. Establish additional guidance and oversight of the TDA unmet transit needs process to ensure that proposed transportation services and enhancements receive fair consideration.	B	Medium	SG, LG RG, CBO

Section III. Other Plan Development Task Team Recommendations

Recommendation	Priority A-B-C	Timeframe S-M-L	Sector *
1. Provide outreach, vehicle procurement, and training programs targeted to the transportation needs of rural residents – including seniors.	B	Medium	SG, LG, RG, CBO
E. Include Transportation in Community Planning and Design			
1. Housing and Community Development and Caltrans must collaborate to find effective ways to ensure that transportation issues are an integral part of urban and regional planning.	C	Short	LG, RG, Fed
2. Develop policy to ensure that competitive funding processes involving state housing money offers preferential treatment to those applicants who incorporate Smart Growth principles. These include minimizing isolation from transit and the health and human services. (This includes, but is not limited to, funding distributed by the Department of Housing and Community Development, the Housing Financing Agency, and the State Treasurer).	C	Short	LG, RG, Fed
3. Conduct a study of California's land-use regulations and community design standards to clarify the benefits and challenges they pose for elderly residents.	C	Short	LG, RG, Fed
4. Study the impact of community designs on older residents. Include consideration of:	C	Short	LG, RG, Fed
a) A richer mix of commercial and service activities in proximity to residential neighborhoods,	C	Short	LG, RG, Fed
b) Increasing densities	C	Short	LG, RG, Fed
c) Making our neighborhoods more walkable and more friendly to cycling.	C	Short	LG, RG, Fed
5. Break funding silos:			
a) Require that Regional Transportation Planning Agencies include pedestrian improvements and improved access to transit in their definition of an "unmet transit need" when considering requests for Streets and Roads funding (under Article 8 of the Transportation Development Act in rural areas).	C	Short	LG, RG, Fed
b) Require Caltrans to continue work on streamlining processes and accelerating approval of changes to design guidelines that facilitate pedestrian and road safety.	C	Short	LG, RG, Fed
c) Require Caltrans to amend State planning guidelines to include transit/pedestrian/bicycle projects in traffic mitigation requirements.	C	Short	LG, RG, Fed

Section III. Other Plan Development Task Team Recommendations

Recommendation	Priority A-B-C	Timeframe S-M-L	Sector *
d) Require Caltrans and Long Term Care Council advocate retaining Medi-Cal funding for transportation.	C	Short	LG, RG, Fed
e) Encourage consumers and advocates take more responsibility for getting involved in urban and regional planning.	C	Short	LG, RG, Fed

Section III. Other Plan Development Task Team Recommendations

III. THE HOUSING CONTINUUM / ASSISTED LIVING

18. Based on Commission on Aging, CPRC, Coordinated Leadership Conference, Olmstead Work and individual team member contributions

AFFORDABLE HOUSING SUPPLY

Recommendation	Priority A-B-C	Timeframe S-M-L	Sector *
A. Target Low-Income Housing Tax Credits.			
1. Continue to encourage development of housing for people with low incomes through state tax credits and the use of state bond proceeds and redevelopment funds.	B+	Medium	SG
B. Ensure a Fair Share of Senior Housing			
1. Amend State redevelopment law to require redevelopment agencies to increase their Low and Moderate Income Set-Aside from 20% to 25% and mandate the increased funds be used to assist housing alterations and retrofitting for senior and disabled households.	B+	Medium	SG
C. Rental Assistance			
1. Don't allow landlords to opt out of section 8	B	Short	SG, Fed, PA
2. Provide short term subsidized rental assistance to tenants living in buildings where owners do opt out or for buildings converting to market rent in order to give tenants time to relocate to other affordable housing.	B	Short	SG, Fed, PA
3. Develop a local strategy of maintaining housing units as permanently affordable.	B	Short	LG, RG, SG, CBO, HEd

ACCESSIBLE HOUSING

A. Provide Increased Funds for Home Modifications.			
1. The HCD should increase local capacity for home accessibility modification by providing planning grants from local Community Development Block Grant (CDGB) funds, HOME Investment Partnership Act, Proposition 46 funds, and other sources. (Example: Proposition 46 supportive housing program and Grants for Ramps program.)	B	Medium	SG
2. Award State dollars only to projects that require ground floor apartments to be reserved for individuals with disabilities, and that require all apartments to be convertible for use by persons with disabilities.	B	Medium	SG
3. Provide additional resources for the provision of home modifications through programs such as Medicaid, recognizing that home modification can help reduce accidents such as falls and save long-term care costs.	B	Medium	SG

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Section III. Other Plan Development Task Team Recommendations

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4. California Housing Finance Agency could develop an accessibility loan and grant program (modeled after the Fix Up program sponsored by Minnesota's housing Finance Agency.)	B	Medium	SG
B. Help Low- and Moderate-Income Older Persons Access Housing and Home Modification Information and Funding.			
1. CDA should preserve the core functions of what was the Senior Housing Information and Support Center (SHISC) and insure that its materials and information, including a public service announcement on home safety, are made available to the public.	B+	Medium	SG, LG
2. CDA should assign staff to handle housing issues and coordinate its programs with other state housing agencies and other senior organizations' housing efforts.	B+	Medium	SG, LG

APPROPRIATE HOUSING & SERVICES

A. Cluster Services in Housing Sites and Naturally Occurring Retirement Communities (NORCs) in Order to Increase Efficiency.			
1. Target and cluster services, such as health clinics, transportation, preventive health, congregate meals, and legal assistance, in government-assisted housing complexes and use them as platforms to serve older persons in the wider community.	B	Medium	SG
2. Encourage volunteer pilot programs leading to more efficient provision of services in housing settings.	B	Medium	SG
B. Fill in the Continuum of Housing.			
1. Fill in the continuum of housing by encouraging the development of housing options such as small group homes for persons with Alzheimer's disease.	B+	Medium	SG, LG, RG, NP, Fndn, BUS
2. Promote zoning codes that will allow for such specialized housing types in neighborhoods.	B+	Medium	SG, LG, RG, NP, Fndn, BUS
19. C. Create a Separate Housing Subcommittee of the Long-Term Care Council.			
1. Create a separate housing subcommittee of the Long-Term Care Council to encourage coordination and integration of housing and service needs of seniors and to ensure appropriate implementation of California's Olmstead Plan.	B	Medium	SG

Section III. Other Plan Development Task Team Recommendations

PREVENT HOUSING DISPARITY

Recommendation	Priority A-B-C	Timeframe S-M-L	Sector *
A. Promote Housing Models Sensitive to Ethnic and Cultural Preferences			
1. Public policy should promote housing models that are sensitive to ethnic and cultural preferences for extended-family living arrangements, such as accessory units (a self-contained living unit built into or attached to an existing single family dwelling), shared housing (co-residence within one housing unit), and co-housing that includes the elderly.	B	Medium	SG, LG RG NP HEd
B. Diversity Training			
1. Expertise of state and local staff in housing and services could be strengthened by programs of cross-training that enhance the ability of persons with different backgrounds and skills to understand each other's perspective, terminology, and goals.	B	Medium	SG, LG, HEd, NP, COURTS

INTEGRATE COMMUNITY PLANNING WITH SENIOR AND LONG TERM CARE PLANNING

A. Study Benefits of Community Design Standards.			
1. Conduct a study of California's land-use regulations and community design standards to clarify the benefits and challenges they pose for elderly residents.	B	Medium	HEd, All
2. Community planning designs will include intergenerational housing alternatives for individuals and families desiring to live in a mixed-age community setting.	B	Medium	HEd, All
3. Study the impact of community designs on older residents. Include consideration of:	B	Medium	HEd, All
a) A richer mix of commercial and service activities in proximity to residential neighborhoods.	B	Medium	HEd, All
b) Increasing densities	B	Medium	HEd, All
c) Making our neighborhoods more walkable and more friendly to cycling.	B	Medium	HEd, All

SUPPORTED HOUSING – ASSISTED LIVING

A. Implement the AB 499 Assisted Living Waiver Project			
1. Develop eligibility determination, care authorization, and quality assurance and project evaluation processes for the Assisted Living Demonstration Project for both licensed and unlicensed facilities. Evaluation must include:	B+	Medium	SG, NP
a) Cost of serving those with higher levels of frailty	B+	Medium	SG, NP

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Section III. Other Plan Development Task Team Recommendations

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b) Measurement of increased demand for personal care assisted living stimulated by the availability of coverage.	B+	Medium	SG, NP
c) Design quality of care management procedures, performance and health care cost measures	B+	Medium	SG, NP
d) Train project evaluation field staff in the use of these instruments.	B+	Medium	SG, NP
b) Identify and select administrative data that could further support clinical activity and outcomes evaluation.	B+	Medium	SG, NP
c) Conduct demonstration evaluation and report on the demonstration findings. Look for financial assistance from foundations to support evaluation activities.	B+	Medium	SG, NP
B. Understand the Future Demand for Licensed Housing Within the State			
1. Launch an appropriately financed and focused effort to gain a thorough understanding of how public policy is affecting changes in the case mix and supply in the residential care/assisted living industries.	B	Short	SG Fndn Bus
2. Establish statewide data system to monitor licensed housing supply, demand and case mix and the effectiveness of the reimbursement and quality assurance systems.	B	Short	SG, NP Fndn
a) Start by centralizing existing state data on facilities, beds, staffing, resident characteristics, outcomes.	B	Short	SG, NP Fndn
b) Evaluate changes in resident case mix and how changes in reimbursement, licensing, staffing, and staff functions may affect the delivery system and the quality of care provided.	B	Short	SG, NP Fndn
c) Evaluate how market area conditions including Residential Care Facility for the Elderly (RCFE) bed supply and age, ethnic, and income mix) affect the demand for and case mix within nursing homes and other long-term care services.	B	Short	SG, NP Fndn
d) Evaluate the effects of nursing home or residential care eligibility criteria (or other state policies such as reimbursement rates) or long term care populations or how these regulations interact with market conditions.	B	Short	SG, NP Fndn

Section III. Other Plan Development Task Team Recommendations

Recommendation	Priority A-B-C	Timeframe S-M-L	Sector *
e) Evaluate how the above factors affect the case mix in various levels of care and impact staffing, payment levels, and the state's regulatory/quality assurance infrastructure.	B	Short	SG, NP Fndn
f) Make access by public transportation a criteria for approving licenses for future housing. Reward or require access by public transportation between housing and services such as medical, shopping , recreation and essential services.	B	Short	SG, NP Fndn
C. Study Feasibility and/or Outcomes of Program and Policy Changes			
1. Design and finance a series of studies about Residential Care Facility for the Elderly (RCFE) resident outcomes resulting from changing uses of RCFE and nursing home care. (Note: Outcomes refers to the assumed favorable consequences of receiving residential care vs. nursing home stays.)	B	Medium	SG, NP Fndn
2. Measure the relationship of increased RCFE use on nursing home placement, emergency room visits, hospital admissions, home health care utilization, nursing home placement, etc. ⁱ Include access by public transportation and barriers to third party payers in the study criteria.	B	Medium	SG, NP Fndn
3. Study the development of programs that enhance access of low- to moderate-income individuals into residential care facilities. Include access by public transit and specialized transportation programs.	B	Medium	SG, NP Fndn
4. Explore the feasibility and potential effectiveness of a market competition strategy for California's residential care facilities.	B	Short	SG BUS
a) Provide timely information on the services, costs, and performance of each residential care/assisted living facility in the state.	B	Short	SG BUS
b) Extensively implement both the Commission on Accreditation of Rehabilitation Facilities and the Joint Commission on Accreditation of Healthcare Organizations instruments for accreditation.	B	Short	SG BUS
c) Evaluate which deficiencies are most indicative of quality of care, and the relative weighting that might be appropriately applied to particular deficiencies.	B	Short	SG, BUS
d) Develop a basis for a case mix and payer mix adjustment in the deficiency reports or for inclusion of health care and quality-of-life measures.	B	Short	SG, BUS

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Section III. Other Plan Development Task Team Recommendations

Recommendation	Priority A-B-C	Timeframe S-M-L	Sector *
5. Design and finance a series of studies about resident outcomes resulting from changing uses of RCFE and nursing home care. (Note: Outcomes refers to the assumed favorable consequences of receiving residential care vs. nursing home stays.)	B	Short	SG NPO Fndn
a) Measure the relationship of increased RCFE use on nursing home placement, ER visits, hospital admissions, home health care utilization, nursing home placement, etc.	B	Short	SG NPO Fndn
D. Admission Agreements Should be Standardized			
1. Standardized agreements must be written in clear, understandable language and be comprehensive in terms of disclosing fees, services and residents rights.	B+	Short	SG, BUS, NP, RCFE
E. Re-Engineer the Culture of Survey and Certification Process			
1. Increase funding, quality and frequency of the survey and certification of nursing homes.	B+	Medium	SG, Fed
a) Ensure that the focus is on quality outcomes of patients in the survey.	B+	Medium	SG, Fed
b) Provide adequate funding/staff to enforce the standards of care that are required by the Federal nursing home reform law.	B+	Medium	SG, Fed
c) Fund unannounced, annual, comprehensive inspections	B+	Medium	SG, Fed

Section III. Other Plan Development Task Team Recommendations

IV. STAYING WELL - HEALTHY AGING and PREVENTION

Based on CPRC, Commission on Aging Forum, individual team member and staff contributions

HEALTHY AGING

Recommendation	Priority A-B-C	Timeframe S-M-L	Sector *
A. Promote the Development and/or Expansion of Innovative Community-Based Programs that Support Healthy Aging			
1. Design programs that increase self-confidence and Self esteem	C	Long	CBO
2. Offer programs in a variety of settings from Community Colleges, to Recreation Centers, to private residential communities.	B	Long	CBO
3. Develop programs designed to help seniors, both those who are relatively independent and those who are frail, to remain as active and involved in community life as possible.	B	Short	CBO
B. Develop a Dynamic Public Awareness Campaign			
1. The campaign must educate and empower family and into informal caregivers.	B	Medium	SG, Fndn, NPO
2. Develop culturally relevant variations of the awareness campaign.	B	Medium	SG, Fndn
a) Fund projects with impact evaluation measures to determine how best to promote health campaigns.	B	Medium	SG, Fndn
C. Provide Senior Incentives for Behavior Changes			
1. Provide incentives for individuals to engage in healthy behavior			
a) Reinforce health behavior for adults in the workforce (i.e. paid time to exercise/walk; this will instill healthy adult habits that will carry on into retirement years and thwart off the onset of many chronic conditions or the deleterious effects of such conditions.	C	Long	SG Fndn
b) Give employers who provide exercise time to employees incentives-i.e. tax breaks or cheaper insurance premium rates/plans.	C	Long	SG Fndn
c) Suggest funding pilot tests to measure the effects of such programs that impact health outcomes (i.e. controlling blood pressure, weight, stress, decreasing heart attacks, decreasing cholesterol levels, decreasing number of sick days, increasing work performance, saving \$\$ in the business).	C	Long	SG Fndn
1) Implement senior discounts from health plans for memberships in health and fitness clubs/activities.	B	Long	BUS
2) Establish transportation programs	B	Medium	LG, RG

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Section III. Other Plan Development Task Team Recommendations

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that take seniors to existing classes and programs.			
d) Study what causes seniors to change their behavior	B	Medium	LG, RB CBO
e) Track senior health outcomes based on behavior changes brought about by learning	C	Medium	SG, LG Fndn, NPO, CBO

PREVENTIVE HEALTH CARE

A. Culturally Appropriate Outreach Campaigns			
1. All activities should be culturally appropriate and address the language needs of California's growing diverse populations and be available to low-income and rural populations.	B	Medium	SG, LG CBO NPO Fndn
2. Understanding the limited English proficiency causes health disparities, design all programs to meet the language needs of seniors in their community. Employ multi-lingual staff or volunteers; at a minimum, use appropriate interpretation services.	B+	Short	SG, LG CBO NPO Fndn
3. Ensure community senior nutrition programs meet the needs of the increasingly ethnically diverse population.	B	Medium	SG, LG CBO NPO Fndn
4. Develop diversity training programs for health care professionals to focus on nonverbal interaction in order to increase the level of cultural competency in treatment and service interventions.	C	Long	SG, LG CBO NPO Fndn
B. Develop a Health Disparities Data Base			
1. Publish environmental justice data that reveal the geographical and environmental risk that threatens health	B	Medium	SG
2. Track access and health outcomes	B	Medium	SG

Section III. Other Plan Development Task Team Recommendations

V. HEALTH AND LONG-TERM CARE RECOMMENDATIONS

Based on Commission on Aging, CPRC, Consolidated Leadership Conference, California Olmstead Plan, and individual team member contributions

HEALTH CARE COVERAGE

Recommendation	Priority A-B-C	Timeframe S-M-L	Sector *
A. Appropriate Benefits			
1. Support Universal Health Coverage	B+	Short	All
2. Advocate for comprehensive Medicare prescription drug benefit, as well as vision, dental and hearing care services.	B+	Short	SG, LG, CBO, NP

HEALTH DISPARITIES

A. Teach Prevention			
1. Encourage managed care plans to be more aggressive in anticipating problems and teaching prevention to their patients rather than intervening after a condition has occurred.	C	Medium	CBO, BUS, SG
2. Risk factor analysis screens can be done as quality assurance/improvement projects that are funded-i.e., CMRI can identify those at risk for cardiovascular disease when they are 40-50 years old and suggest lifestyle changes to decrease risk levels, such as weight control, lowering blood pressure, decreasing cholesterol, smoking cessation, increasing exercise, stress control.	C	Medium	CBO, BUS, SG
3. Make classes widely available on injury and fall prevention, including "how to fall."	B	Medium	CBO CC, AEd
4. Develop classes on obesity prevention, including comparative food information (e.g., fresh vs. fast/package food)	B	Medium	CBO CC, AEd
B. Physicians Become Proactive			
1. Encourage physicians to routinely ask and counsel seniors about physical activity, smoking, nutrition and adherence to special diets during routine medical appointments.	C	Long	BUS
C. Focus on Nutrition			
1. Develop tele-communications programs with registered dietitians to promote greater understanding of special diets and motivation to adhere to physician directives.	C	Long	SG, LG BUS, CBO, Fndn
D. Educate Seniors and their Caregivers			
1. Educate seniors and their caregivers to define their health care needs comprehensively, to recognize the interaction between their mental health and all aspects of their physical health, and to better manage their own health and chronic conditions.	B+	Short	SG, LG CBO, BUS

Section III. Other Plan Development Task Team Recommendations

Recommendation	Priority A-B-C	Timeframe S-M-L	Sector *
E. Discourage Tobacco Use			
1. Develop a community or clinical intervention to prevent osteoporosis tied to smoking	C	Long	SG, NPO Fndn
F. Encourage Physical Activity			
1. Evaluate the effectiveness of the "On the Move," program, which focuses on the needs of older Californians who have or are most at risk of diabetes, obesity, and cardiovascular disease. If, effective, adopt widely.	C	Long	SG NPO Fndn CBO
G. Increase Public Health and Preventive Health Care Training for Medical Personnel			
1. Encourage public health training or preventive health care training for primary care physicians as a requirement for licensure.	C	Long	SG
H. Advocacy Actions			
1. Facilitate dialogue and collaboration between the Department of Health Services and the California Conference of Local Health Officers, Chronic Disease Committee, to establish strategies for expanding the Preventive Health Care for the Aging Program."	C	Short	SG NPO Fndn

ALCOHOL AND MEDICATION MISUSE IN OLDER ADULTS

A. Education – Group and Individual			
1. Integrate alcohol and chemical dependency screening, education and referral into existing health prevention programs such as the DHS Preventive Health Care Program for the Aging, and the CDA Wellness Program.	B	Medium	LG,SG NP,CBO
2. Integrate education about alcohol and chemical dependency problems among older adults into the curriculums of key professional groups (e.g. physicians, especially emergency room and internal medicine, nurses and social workers).	B+	Medium	Hed CC, Private PA
3. Focus on eliminating professional bias, encouraging effective older adult treatment protocols and understanding the interrelationship with other conditions.	B+	Medium	PA
4. Educate clinicians on symptoms that mimic alcohol or drug use.	B+	Medium	PA
5. Develop an awareness program for in-home support services providers to recognize and report alcohol and chemical dependency problems.	B	Medium	CBO Fndn NP
a) Develop a Speakers Bureau for senior alcohol and chemical dependency and related topics.	B / C	Long	NP CBO
B. Financing			
1. Secure financing mechanisms such as grants to increase public screening and direct services for addressing alcohol and medication misuse in older	B	Medium	Fndn, NP

*Sector Choices: NP = Non-Profit, CBO = Community Based Orgn., PA=Professional Association, BUS = Private business, Fndn = Foundation, HEd = Higher Ed, CC = Community College, AEd=Adult Education, LG = Local Gov't, RG = Regional Gov't, SG = State, Fed=Federal, CE= California Endowment

Section III. Other Plan Development Task Team Recommendations

Recommendation	Priority A-B-C	Timeframe S-M-L	Sector *
adults.			
C. Regulation and Licensure			
1. Provide incentives for clinics/emergency rooms to conduct quality assurance/improvement programs that increase the number of seniors screened and referred for alcohol/drug abuse; provide incentives to groups that conducts these projects-i.e. fund the projects or provide tax breaks.	B+	Medium / Long	SG, NP-Kaiser BUS
2. Curriculum related to aging and alcohol abuse and medication interactions including over/under medication of older adults could be integrated into continuing education requirements of key professional groups such as physicians, nurses, social workers.	B+	Medium	HEd NP
3. California Department of Alcohol and Drug Programs to include senior specific issue in the training sessions and certification requirements for the state certification of Alcohol and Drug Counselors/Chemical Dependency counselors.	B	Long	HEd NP
D. Direct Services			
1. Direct existing aging services such as senior centers, nutrition programs, Linkages, Multipurpose Senior Services Program (MSSP), and Preventive Health Care for the Aging (PHCA) program to utilize effective screening protocols and intervention methodologies. Support the provision of necessary training for program staff involved.	B+	M	SG, LG, RG, NP, CBO
2. Develop multi-dimensional response counseling and treatment programs to deal with alcoholism and chemical dependency in conjunction with depression and suicide among seniors.	C	Medium	SG, LG, RG, NP, CBO

MENTAL HEALTH

A. Expand Efforts to Promote Mental Health and Prevent Mental Illness			
1. Public and private organizations should expand their efforts and compile information that measures impact of prevention programs.	B+	Medium / Long	HEd, Fndn, NP
2. Consider access by public transportation when locating facilities or renewing facility leases.	B	Medium	SG, LG, CBO, BUS
3. Staff behavioral health professionals in primary care settings.	B+	Medium	SG, LG CBO, BUS
B. Increase the Use of Established, Effective Treatments of Mental Illness for the Aging Population			
1. Educate older adults about mental illness.	C	Long	SG, CBO NP, CC, AEd

*Sector Choices: NP = Non-Profit, CBO = Community Based Orgn., PA=Professional Association, BUS = Private business, Fndn = Foundation, HEd = Higher Ed, CC = Community College, AEd=Adult Education, LG = Local Gov't, RG = Regional Gov't, SG = State, Fed=Federal, CE= California Endowment

Section III. Other Plan Development Task Team Recommendations

Recommendation	Priority A-B-C	Timeframe S-M-L	Sector *
2. Broaden in-home services for mental health clients	C	Long	SG, CBO
3. Health and mental health professionals should acquire expertise in the assessment, treatment and appropriate referral of older adults.	C	Long	HEd, BUS
4. Support the evaluation of geriatric mobile crisis intervention response teams in county mental health departments. Identify those with effective outcomes and those that are Best Practices and encourage those to be replicated and funded across other counties.	B	Medium	HEd, Fndn, NP, CBO, LG CA End.
5. Development of mobile geriatric multidisciplinary teams	B	Medium	HEd, Fndn, NP, CBO, LG CA End.
6. Training to new or existing multidisciplinary teams on dementia and mental health issues	B	Medium	HEd, NP, Fndn, LG CBO, CE
7. Providing County consultative services to assist providers in responding to and understanding a crisis	B	Medium	HEd, Fndn, NP, CBO, LG CA End.
8. Identify and evaluate promising practices already being used in some counties to provide emergency shelter	B+	Medium	HEd, NP, LG, Fndn, PA
9. Convene county mental health directors and key staff to present finding regarding promising practices	B+	Medium	HED, NP, LG, Fndn, PA
10. Facilitate a 1-2 year facilitated “coaching” program in which counties that have implemented these strategies assist other counties in developing similar programs	B+	Medium	HED, NP, LG, Fndn, PA
B. Senior Peer Mental Health Counseling			
1. Expand the use of senior peer mental health counseling programs as an empowering, cost effective intervention option. Include nurses/faith based community groups	C	Long	SG, LB, CBO
C. Develop a Statewide Older Adults System of Mental Health Care			
1. Expand aging related mental health programs administered by the departments of Aging, Health Services, Mental Health, and Social Services.	C	Long	SG
2. Target resources to develop statewide system through new funding or by directing a percentage budget increase for older adults every year until the budgeted percentage equals the older adult percentage of the population.	B+	Medium	SG, Fed

Section III. Other Plan Development Task Team Recommendations

DEPRESSION AND SUICIDE PREVENTION

Recommendation	Priority A-B-C	Timeframe S-M-L	Sector *
3. Incorporate findings on best practices from the Older Adult System of Care Demonstration Project. These practices increase access to mental health services for older adults and improve the quality of services.	B+	Medium	NP, CBO, SG, LG, PA, Bus
4. Every California county must have dedicated adult mental health programs with the uniform quality standards and program consistency.	B+	Medium	NP, CBO, LG
A. Study What Counseling Programs are Most Effective in Preventing Suicide			
1. Work to Improve Federal Mental Health Medicare Policies	B+	Medium	NP SG
2. Medicare policy needs to shift to recognize the whole person vs. “medical necessity” and “progressive improvement.”	B+	Medium	NP SG
3. Attention should be specifically directed toward the discrepancies between the California Medicare fiscal intermediary and individual service providers.	B+	Medium	NP SG
4. Advocate better mental health Medicare policy through the National Association of Governors, the National Association of State Legislators and the White House Conference on Aging.	C	Medium	NP SG

PALLIATIVE⁴ AND END OF LIFE CARE

A. Redesign Palliative Care Processes and Regulations			
1. To more effectively serve the needs of the chronically ill care processes and regulations need to be redesigned to ensure coordinated seamless care across settings, clinicians and over time. ⁵	B	Medium	SG, LG, CBO, NP
2. Continually advance the effectiveness of integrated interdisciplinary teams ⁶	B	Medium	SG, LG, CBO, NP
3. Review incentives and disincentives for the delivery of seamless, patient-centered end-of-life care. ⁷	B	Medium	SG, LG, CBO, NP
4. Regulations should be aligned to eliminate the operational disconnect that leads to fragmentation of care.	B	Medium	SG, LG, CBO, NP
B. Design Different Care Processes for the Different Ways that People Die			

⁴ Palliative care is a specialty dedicated to relieving pain and suffering.

⁵ Committee on Quality Health Care in America, Institute of Medicine. *Crossing the Chasm: A New Health System for the 21st Century* (Washington: National Academies Press, 2001), p. 7.

⁶ Committee on Quality Health Care in America, Institute of Medicine. *Crossing the Chasm*, p.7.

⁷ *On the Road from Theory to Practice – Progressing toward Seamless Palliative Care Near the End of Life*. Last Acts[®] a national coalition dedicated to improving care and caring near the end of life, 2003. P. 21.

Section III. Other Plan Development Task Team Recommendations

Recommendation	Priority A-B-C	Timeframe S-M-L	Sector *
1. Fund demonstration projects to test the use of modified benefit designs for meeting the various needs of dying patients, depending on their characteristics and acuity level. ⁸	B	Medium	SG, LG, CBO, NP, Fndn

LONG TERM CARE

Recommendation	Priority A-B-C	Timeframe S-M-L	Sector *
A. Support Health Promotion, Rehabilitation and Maintenance			
1. Expand knowledge of and access to information on how to stay healthy and emphasize prevention more aggressively within the current health care system.	B+	Medium	CBO All
2. Coordinate efforts to obtain better data on the disability rates associated with chronic conditions by race, ethnicity and age group.	B+	Medium	CBO All
a) Develop specific new approaches for addressing racial and ethnic health disparities.	B+	Medium	CBO All
B. Increase Personal Empowerment for Long Term Care Planning			
1. Offer educational programs that help individuals to think about how they will meet their needs for long term care. Example: computer "life event" simulations, such as Sacramento based Healthcare Decisions (SHD) CHAT (Choosing Healthplans All Together) Project.	B	Medium	NP CBO AEd
2. Support a campaign to publicize the importance of long term care insurance that includes providing customers with a range of comparative information about insurers and their policies, including historical information about premium rate increases-The state should make this information available to consumers in marketing materials and through the Insurance Commissioner's website	B	Long	NP Fndn

LONG TERM SUPPORT SYSTEM

A. Comprehensive Service Coordination			
1. Combine strategic plans for seniors and persons with disabilities.	B+	M	All
2. Develop mechanisms to improve the coordination of existing public LTC programs with the goal of increasing service efficiency and accessibility at the local level.CPRC ⁹	B+	M	All
3. Develop mechanisms find common ground and break	B+	M	All

⁸ On the Road from Theory to Practice. P. 21.

⁹ Harrington, Newcomer, Fox, Tonner, Wellin, Kitchener

Section III. Other Plan Development Task Team Recommendations

Recommendation	Priority A-B-C	Timeframe S-M-L	Sector *
down the traditional barriers between the medical and social service systems; consider treatment modalities, funding and data sharing.			
a) Consumer information delivered over the Internet, by telephone, including a statewide information hotline, or in-person.	B+	M	All
b) Referral to programs or services delivered over the Internet, by telephone, including a statewide information hotline, or in person.	B+	M	All
c) Short-term assistance for the consumer or caregiver, provided by a person qualified to work with the consumer to define needs, refer to or purchase services, and develop a plan of coordinated care.	B+	M	All
d) Case Management for the consumer who may need ongoing assistance, provided by programs such as the Multipurpose Senior Services Program, Linkages, Caregiver Resource Centers, or National Family Caregiver Support Programs.	B+	M	All
4. Develop mechanisms to find common ground and break down the traditional barriers between the medical and social service systems; consider treatment modalities, funding and data sharing.	B+	M	All
B. Community Service Capacity			
1. A comprehensive range of long-term care services should be guaranteed to all who need them, regardless of age or income. Long-term care programs should base eligibility for services on a person's physical and cognitive or other mental functioning, including limitations in activities of daily living (e.g., eating, bathing and dressing) and on the types of assistance (e.g., hands-on care, supervision, assistive devices) a person needs. Uniform assessments should determine whether a person meets the eligibility criteria for the program and what type and level of services a person requires. These services should include in-home assistance, community services, a full range of supportive housing options, institutional care, rehabilitative services and other enabling services, as well as assistive devices and home modifications. Services should be provided in the least restrictive setting possible appropriate to the individual's assessed needs and wishes. Wherever possible, consumers should have the opportunity to direct their own	A	Short / Long	NP, SG, LG, CBO

Section III. Other Plan Development Task Team Recommendations

Recommendation	Priority A-B-C	Timeframe S-M-L	Sector *
services, if that is their preference.			
2. Expand and improve the quality of services in the home: (IHSS)	B+	Medium	SG, LG
3. Change legislation to raise cap on monthly hours to be diagnosis appropriate and to extend to educational environments and the workplace	B+	Medium	SG, LG
4. DSS must be given the resources to monitor counties to ensure that all counties are using the same criteria for determining functional impairment.	B+	Medium	SG, LG
5. Clarify roles, authority and responsibility between IHSS public authorities and DSS staff	B+	Medium	SG, LG
6. Expand consumer training on hiring and managing homecare workers.	B+	Medium	SG, LG
a) initiate dialog among stakeholders to assess the magnitude of the target population to be served in the community. Include how to develop and achieve outreach strategies and determine its needs.	C	Long	All
C. In Home and Residential Care Providers			
1. A certificate model should be established for older adult workers comparable to the child service worker I2 unit certificate requirement to ensure content knowledge of basic care skills of older adults.	A	Short / Long	SG
a) This certificate would form the basic rung on a potential career ladder for employment opportunities within the field of aging.	A	Short / Long	SG
b) A minimum requirement should be established for on-going continuing education or refresher training.	A	Short / Long	SG
D. Long Term Care Funding			
1. Develop a study to once and for all settle the question that community based services will result in overall lower costs than comparable institution-based care.	A	Short / Long	SG
2. Monitor results of Cash and Counseling Pilot Program in Florida, New Jersey and Arkansas. If successful consider applicability for California. ⁱⁱ	B / C	Medium	SG
3. Develop a state "long-term care reserve fund" to help meet the inevitable demand for LTC in California. ¹⁰	B+	Medium	SG
4. Federal appropriations for Older Americans Act Title III-E should be increased or at least sustained.	B+	Short	SG
5. Integrate funding streams for current state expenditures that support caregivers to improve central planning.	B	Medium	SG
E. Siting Service Centers			
1. Access by public transportation should be a site selection criteria for all services.	B+	Medium	LG RG NP BUS

¹⁰ Harrington, Newcomer, Fox, Tonner, Wellin, Kitchener. CPRC. p 31

Section III. Other Plan Development Task Team Recommendations

PROPOSED LONG TERM CARE, BACKGROUND CHECKS

Recommendation	Priority A-B-C	Timeframe S-M –L	Sector *
A. Increase Accessibility	No Timeframe or Sector Recommended		
1. Establish more Live Scan Sites	C		
2. Mandate replacement of all rolled fingerprinting services provided at local government agencies with Live Scan devices	C		
3. Ensure hours and standards of Live Scan operation are appropriate to meet the demand for services	C		
B. Improve Communication			
1. Implement a statewide fingerprint assistance helpline for providers and individuals, both an 800 hotline and a consumer friendly website.	C		
2. Distribute monthly newsletter or bulletin on Live Scan updates and new protocols to providers.	C		
3. Implement an automated fingerprint clearance status check, by phone or website.	C		
C. Decrease Errors			
1. Implement a mandatory training course for fingerprint technicians.	C		
2. Implement an error rate monitoring system.	C		
D. Transferability Between Departments			
1. Implement a central registry or repository of clearance information to determine worker eligibility regardless of work setting. Removing the requirement for individuals to obtain duplicate background checks.	C		
E. Cost			
1. Evaluate the determination of fingerprinting fees, allocation of fees, and how fees contribute to the statewide Live Scan system.	C		
F. Portability			
1. Conform lists of crimes among licensing agencies, and provide a background check card or form that the employee can use to prove that they are already criminal record cleared.	C		
G. Informed Decision Making			
1. Crimes Currently Disseminated: Evaluate current crimes that are currently being disseminated for non-licensed and/or non-certified personal care staff under their authorization codes and determine if more crimes should be included.			

Section III. Other Plan Development Task Team Recommendations

2. Criminal Record Clearance Printout: Require the printout to say more than “no record response.” Something clear to the lay person as to what crimes were checked and that only those crimes were checked. For example, “No further criminal records from FBI files under the dissemination criteria were found.”	C		
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ALZHEIMER’S & RELATED DISORDERS RECOMMENDATION

Recommendation	Priority A-B-C	Timeframe S-M-L	Sector *
A. Research			
1. Increase State General Fund appropriations for research and contributions to the state income tax check-off fund through increasing awareness among the public and policy makers of the need to expedite new prevention discoveries.	B+	Short	SG, HEd NP
B. Fund and Conduct Research in the Following Areas:			
1. Improve assessment and diagnostic tools, particularly addressing the need for culturally appropriate assessments.	B+	Short	HEd, NP Fndn, SG
2. Identify early markers of Alzheimer’s so diagnosis can be made prior to manifestation of symptoms.	B+	Short	HEd, NP Fndn, SG, BUS
3. Develop new medications that slow disease progression, improve treatment of symptoms, reverse disease course, and prevent Alzheimer’s in high-risk persons.	B+	Short	HEd, NP Fndn, SG, BUS
4. Identify environmental and genetic causes and risk factors.	B	Medium	HEd, SG Fndn
C. Early Diagnosis			
1. Increase education of primary care doctors and other health professionals to enable them to identify risk factors and/or early signs of Alzheimer’s.	B	Medium	NP, SG HEd
2. Make assessment tools available to primary care doctors and other health professionals that enable them to educate family members about Alzheimer’s in order to encourage their willingness to seek help and empower them to work with their doctor and other health professionals.	B	Medium	NP, SG HEd
3. Increase funding for the Alzheimer’s Health Education Initiative program so that it is available in all areas of the state.	B	Medium	NP, SG Fndn
4. Increase funding for the Alzheimer’s Research Centers of California (ARCCs), which provide premier diagnostic services, to ensure families throughout the state have reasonable access to a center.	B	Medium	SG, Fndn, BUS